

INFORMATION AND INSTRUCTIONS FOR THE DEPARTMENT OF VETERANS AFFAIRS WORK STUDY WORK SITE APPLICATION

GENERAL INSTRUCTIONS AND INFORMATION

When Should You Use This Form?

This form **MUST** be completed by a responsible official with the authority to designate Work Study Work Site supervising officials for the school or establishment.

This form must be completed to request initial Work Study Work Site approval, **and** whenever there is a change in any of the information. Please include the names, titles, and signature of the primary and secondary designated supervising officials each time a change has occurred.

SPECIFIC INSTRUCTIONS

Items #1A and #1B: Enter the complete name and address of the Work Study Work Site.

Items #2A, #2B and #2C: Enter the complete name, title, email address and phone number for the primary supervisory official.

Items #3A, #3B and #3C: Enter the name, title, email address and phone number of the secondary Work Study Work Site supervisor, who is authorized in the event of the primary supervisor's absence.

NOTE: Work Study Work Sites are required to have a secondary supervisor.

Items #4A through #5B: Each person must print their name and provide their signature and date on the form. The person signing this form must have the authority from their establishment to sign and submit forms on their behalf.

Item #6: Self-explanatory.

Item #7A: Self-explanatory.

Item #7B: Please provide the Facility Code for your Organization (*if known*). This code is provided to you by the State Approving Agency.

Item #7C: Self-explanatory.

Item #8: Please attach a copy of your Work Site's duties/activities. Please list all job duties (activities) that the Work Study student(s) will be required to perform. You may refer to the Work Site Supervisor Handbook for qualifying activities for your facility type.

NOTE: The position description duties (job activities) must be provided with the initial Work Site Application, or if changes are made to the Work Site activities.

NOTE: Educational facilities and Offices of Members of Congress are limited to the type of work/duties their Work Study students can perform. These include, but are not limited to the following:

- Dissemination of general information regarding Veteran benefits and/or services
- Preparation, processing, maintaining and organizing Veteran-related files
- VA outreach in a cooperative supervisory effort with a VA employee who is controlling the work activities
- Performance of work specifically listed in the Work Site's job description
- Tasks that require 100% performance of VA-related activities
- Work for the specific Work Site listed on the contract agreement/time record
- Assisting Congressional Offices with preparing VA benefit claims
- Distributing information from Congressional Offices to others about VA and Non-VA benefits



DEPARTMENT OF VETERANS AFFAIRS WORK STUDY WORK SITE APPLICATION
(Under Provisions of Chapters 30, 31, 32, 33, 35, of title 38 U.S.C. § 3485, 10 U.S.C. Chapter 1606, and Edith Nourse Rogers STEM Scholarship)

PART I - WORK STUDY WORK SITE APPLICATION

1A. NAME OF WORK STUDY WORK SITE (Please print legibly)

1B. MAILING ADDRESS OF WORK STUDY WORK SITE (Complete street address, city, state and 9-digit ZIP Code)

2A. NAME AND TITLE OF PRIMARY SUPERVISOR (Work Study Work Site Supervisor - Please print legibly)

2B. PRIMARY SUPERVISOR'S EMAIL ADDRESS

2C. PRIMARY SUPERVISOR'S PHONE NUMBER AND EXTENSION

3A. NAME OF SECONDARY SUPERVISOR (Work Study Work Site Supervisor - Please print legibly)

3B. SECONDARY SUPERVISOR'S EMAIL ADDRESS

3C. SECONDARY SUPERVISOR'S PHONE NUMBER AND EXTENSION

4A. SIGNATURE OF PRIMARY WORK STUDY WORK SITE SUPERVISOR:

4B. DATE SIGNED (MM/DD/YYYY)

Print Name: (Please print legibly) _____

Signature: _____

5A. SIGNATURE OF SECONDARY WORK STUDY WORK SITE SUPERVISOR:

5B. DATE SIGNED (MM/DD/YYYY)

Print Name: (Please print legibly) _____

Signature: _____

PART II - TYPE OF FACILITY

6. PLEASE CHECK THE APPROPRIATE BOX THAT IDENTIFIES THE FACILITY TYPE FOR YOUR ORGANIZATION.

- Checkboxes for facility types: DOD, DOMICILIARY CARE, EDUCATIONAL FACILITY, NATIONAL CEMETERY, STATE FACILITY, VA REGIONAL OFFICE, VA MEDICAL CENTER, STATE APPROVING AGENCY, VET SUCCESS, NON-VA FACILITY, OTHER VA FACILITY, OFFICE OF CONGRESSIONAL MEMBER(S) (Effective August 1, 2021)

7A. PROVIDE THE AMOUNT OF TOTAL WORK STUDY HOURS REQUESTED FOR THIS ACADEMIC YEAR _____

PLEASE NOTE: If Educational Facility is checked above, please complete Questions #7B and #7C below.

7B. PLEASE PROVIDE THE NUMBER OF STUDENTS THAT ARE CURRENTLY IN RECEIPT OF VA EDUCATION BENEFITS.

7C. PLEASE PROVIDE YOUR ORGANIZATION'S 8-DIGIT FACILITY CODE (if known)

PART III - POSITION DESCRIPTION DUTIES (Job Activities)

8. PLEASE ATTACH A COPY OF YOUR WORK SITE DUTIES/ACTIVITIES.

PART IV - VA WORK STUDY LEGAL CITATIONS AND REFERENCES

- A. Pursuant to the provisions of 38 U.S.C. 3485(a)(4), Work Study students may not drive or operate a vehicle during the performance of their duties, except for those working in a VA facility.
- B. An individual performing Work Study will only be considered a United States employee for the purposes of benefits under Chapter 81 of Title 5 (Compensation for Work Injuries), and not for the purposes of laws by the Office of Personnel Management (OPM).
- C. As an VA Operating Policy -
 - Work Study students shall only be used to supplement the regular workforce.
 - Do not replace employees on a continuing basis.
 - Work Study students will not, under any circumstances, displace regular employees.
- D. A non-VA facility can only use Work Study students for the dissemination of information on VA benefits and services, and for assisting individuals in obtaining those benefits. In accordance with 38 U.S.C. 3485, non-VA facilities cannot use Work Study students to do non-VA paperwork.

PLEASE NOTE: This form supersedes all previously submitted forms. The only individuals who have been appropriately identified and designated on this form will have access to the students' information. Additionally, please remember, only employees of the Work Study Work Site may be designated as a Work Study Work Site supervisor. Work Study students cannot be Work Study Work Site supervisors.

QUESTIONS: If you have any questions and would like to receive additional information pertaining to the above information or any of its requirements, you may call 1-855-225-1159, option #2 to speak with a VA official. If desired, you can also call 1-888-GI-BILL-1 (1-888-442-4551) for information on where to send comments or suggestions about this form, or to speak with a VA Customer Service Representative. VA representatives are available from 7:00 AM - 6:00 PM central time Monday through Friday. You may also visit our Frequently Asked Questions (FAQs), located at www.gibill.va.gov.

PART V - FOR VA OFFICIAL USE ONLY - VA WORK STUDY

9. DATE VA RECEIVED WORK STUDY WORK SITE APPLICATION: _____
(MM/DD/YYYY)

10. FORM APPROVED FORM DISAPPROVED Please state reason(s) for disapproval: _____

TOTAL FACILITY HOURS APPROVED: _____

SIGNATURE OF VA EMPLOYEE/APPROVING OFFICIAL: _____

12. DATE OF APPROVAL: _____
(MM/DD/YYYY)

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and criminal penalties. The law provides that whoever makes any statement of a material fact knowing it to be false, shall be punished by fine or imprisonment or both.